



Adult Tennis Lessons



WHO: Adults, 18 and older. **WHERE:** Keyes Field Tennis Courts
WHEN: Monday and Wednesday, 7:00 - 8:00 pm (four week sessions)
 Session 1: June 29th - July 22nd **Session 2: July 27th - August 19th**
TO BRING: Tennis racquet, water bottle, tennis shoes
COST: Per Session-Milford Residents \$48.00, Non-residents \$55.00

TO REGISTER for LESSONS Pre-registration is required. Walk-ins are NOT accepted.

Registration deadline is the Monday before the start of each session. Every effort will be made to accept late registrations, if space is available. Mail in registration form or register in person at the Recreation Dept. or Keyes Pool (during season).

- **CLASS SIZES ARE LIMITED TO 8 PARTICIPANTS PER SESSION. Registration is First Come, First Serve.**
- Complete this Registration Form, with signature.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00**
- No Refunds once session commences.

Description of Tennis Lesson Program

Adult Tennis Lessons are geared toward beginner and intermediate tennis players or those who have limited previous tennis experience. Participants will learn the game and its fundamentals, hands-on, through and drills. Skills taught include: scoring, forehand and backhand shots, volleys and serving. Participants will have fun learning and improving their tennis skills. **WEATHER** always plays a factor in outdoor lessons! **Our goal is to make every effort to conduct lessons. Please call the Keyes Pool or the Recreation Office when in doubt.**

2009 RECREATION Adult Tennis Lessons Summer

**** One Form per Participant ****

NAME _____ Address, Town, Zip _____

Home Phone _____ E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

CHOOSE SESSION (S): [] 1, June 29 – July 15 [] 2, July 20 – August 12

PLEASE DESCRIBE YOUR ABILITY LEVEL: _____

EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

** I am aware of the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

** I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

** In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself. PLEASE let the instructor know of any medical or health concerns or instructions before participating.

SIGNATURE _____ DATE _____

** PLEASE LIST ALL medical concerns or instructions that the team manager should know regarding your health.
(i.e. medications, allergies, etc.)

For Office Use Only

Amount \$ _____

Cash ↔ Check ↔ _____